CDC Press Releases

CDC Telebriefing: CDC update on first Ebola case diagnosed in the United States, 10-03-2014

Press Briefing Transcript

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OPERATOR: Welcome, and thank you all for standing by. I'd like to remind the participants that their lines have been placed on a listen-only mode until today's question and answer session. At that time, if you do have a question that is star followed by one on your touchtone phone. Today's conference is being recorded. If there's any objections, please disconnect. I'll turn the call over to Barbara Reynolds. You may begin.

BARBARA REYNOLDS: Thank you, Kelly. Everyone welcome to CDC's daily update on the first Ebola case diagnosed in the United States. We'll be hearing from three speakers and immediately go to questions. We'll be asking that the reporters — we do one question and a follow-up, and before I introduce our first speaker from CDC, I wanted to note that Dr. Tom Frieden, CDC director was planning to be on the call, but he is at a meeting with national business leaders about the Ebola response. He'll be back with us tomorrow and Sunday. So I would like to introduce Dr. Beth Bell, the director at the CDC's National Center for Emerging and Zoonotic Infectious Diseases.

BETH BELL: Good afternoon. CDC will be holding these daily to share updates and answer your questions on the response to the first case of Ebola to be diagnosed in the United States. We recognize that even a single case of Ebola in the United States seems threatening, but the simple truth is that we do know how to stop Ebola spread between peoples. I know, many of you are interested in the Dallas investigation, i thought i would make a few comments focusing on what CDC is doing before we turn over to our colleagues in Texas to talk about some of the specifics of the current situation. The CDC has experts on the ground working with state and local colleagues. We've been working with the hospital to make sure that they have appropriate detection and control measures that stay in place. We've been redoubling our effort to — health care providers to correctly identify and deal with Ebola patients. As many of you have seen, we issued a health alert network notice which came out last night. Which lays out, again, all the steps and important things that health care providers

need to know in order to correctly identify and safely deal with Ebola patients. One of the things that we're most focused on the ground now, in which you'll hear the details about from my Texas colleagues is contact tracing. This is a key element in containing Ebola. It means finding everyone who was exposed to the patient. Once the patient becomes ill, it becomes possible to infect others who came in close contact with him. What we do when we identify close contact is these people may receive twice daily temperature checks. People are asked about symptoms, and offer counselling and education. We do this monitoring for 21 days. Since that is a longest it can take for Ebola disease to appear after exposure. As we've mentioned previously, I think, in the situation here in Dallas, there certainly is a possibility that some of the people who have already been in close contact with this patient might develop Ebola and that's why this close monitoring is so important. Before I turn this back to Barbara Reynolds, I want to say a couple of other basic kind of things about Ebola. Some basic facts so we have them in mind. The first is to remember that Ebola does not spread through the air. You can only get it by direct contact with a person who is sick with Ebola disease or from the body of a person who recently died of Ebola. That people who are infected with Ebola are not contagious until they become ill. And that a hospital who follows CDC's infection control recommendations can safely manage a patient with Ebola here in the United States. I think that with that I'll close for now. I'll turn this back over to Barbara.

BARBARA REYNOLDS: Thank you, Dr. Bell. Next we'll hear from Dr. David Lakey the commissioner of Texas department of state health services. Dr. Lakey.

DAVID LAKEY: Thank you. Good afternoon. We've been very busy last 24 hours trying to get — trying to make sure that everyone has had potential exposure is identified and they have been evaluated. A lot of work is taking place a combination of a team of epidemiologist that consistent of CDC personnel and state and local epidemiologists are working as a team. They've been doing a lot of hard work to get our hands around the numbers. After the initial discussions with the hospital and with the patient there were approximately 100 individuals that we needed to reach out to, that was the number we put out yesterday. After reaching out to those individuals, there's now approximately 50 individuals that we need — that we felt we need to follow on a daily basis. Now most of those individuals are low risk. There are about 10 individuals that are at higher risk, and so we continue to watch those individuals very carefully. So that's — again, the epidemiology that has been taking place at the hospital and in the community. The individuals we have concern about, the 50 individuals that need to be followed daily, every day a public health — member of the public health team goes and visits those individuals. Each of those individuals has their temperature checked twice a day and I want everyone to know all the individuals are doing well. There's no additional individuals that have any symptoms that would be consistent with Ebola at this time. Having said that, again, we understand that we need to continue to watch them very closely and that monitoring and system to monitor the individuals has been put in place. With that, that's the end of my comments at this time. Thank you.

BARBARA REYNOLDS: Thank you, Dr. Lakey. And our last speaker is Judge Clay Lewis Jenkins with Dallas County, Texas. Judge Jenkins.

CLAY LEWIS JENKINS: Good afternoon. We're in uncharted territory, but we've got a great partnership with the state and federal agencies that we're working closely with. We're in constant communications with the CDC between them and us and our Dallas county health

and human services and Dr. Lakey's department that the department of state health services Dr. Lakey is here with me embedded in our EOC infrastructure. The high-risk individuals in the health care fields are on furlough without pay from work and they are not to travel outside the city, one in person visit daily and one self-check. The low risk individuals have no restrictions; can travel, have one daily phone call to check in and a self-check. There's a plan in place if individuals do not adhere to the guidelines. We have law enforcement go check on the individual to make sure they're okay if needed. All contacts are closely monitored, and there's a plan in place for any symptomatic children or adults. We'll get questions on this. I'll preemptive let me tell you it was my desire. We white boarded — back up. The decision was made to move to an instant command structure on Wednesday and that evening we white boarded the removal of soiled items and we were unable to accomplish that due to permitting issues yesterday. That is underway as you may know and are watching television. I did travel myself and went inside the apartment with two CDC epidemiologists last night to apologize to the family for the delay in getting those removed. I want to see them treated as I would my own family treated, and we're making efforts to make sure they have accommodation. With that I'll turn it over.

DAVID LAKEY: And, judge, one quick comment. I think some of us are furloughed without pay. It is furloughed with pay. I wanted to make a quick clarification we're being careful to make sure it doesn't become an issue. Doing anything we need to make sure that we care for the health care workers it's furloughed with pay.

CLAY LEWIS JENKINS: Yeah. Beg your pardon if I said without pay. We're moving from one meeting to the next meeting. I'm just reading the stuff.

BARBARA REYNOLDS: Thank you, Judge Jenkins. Kelly, I think it's time for us to open up for questions.

OPERATOR: Thank you. At this time to remind the participates if they have any questions or comments its star followed by 1. Star 2 to remove the question. And our first question comes from Lucy Scott from ABC news. Your line is open.

LUCY SCOTT: Thank you, doctors. Thank you, Judge Jenkins. What is the timeline for an FDA approved Ebola vaccine? Are any experimental drugs being considered for Mr. Duncan?

BETH BELL: Thank you. This is Dr. Bell. I can answer that. We've been working, actually, very closely across the U.S. Government to really jump start and quickly move forward on vaccines. There are a couple of vaccines that are currently being investigated. The NIH has been doing what we call a phase 1 study where we evaluate the safety of the vaccines and there's a second vaccine being evaluated in that way. We're working very hard to accelerate the evaluation. But of course, we need to make sure that the vaccine is safe and effective before they're used widely. It's a high priority for us and working very hard in the area. In terms of the second question about the experimental treatment. We don't have any information, certainly. I think in any case it would be a decision between the patient and his family and their physician.

LUCY SCOTT: Thank you.

BARBARA REYNOLDS: Thank you. Kelly, next question.

OPERATOR: Thank you, next question comes from Miriam Falco with CNN Medical News.

MIRIAM FALCO: Hi, there. Thank you for taking the question. Why is the 50 contacts more closely monitored — I think people will wonder how did he get in contact with 50 people when he was sick enough to possibly be a threat. And also, I think bigger picture. Yesterday, Dr. Frieden spoke about they have to work with the department of transportation because they're in charge of having the waste transportation. We noticed quickly yesterday that hasn't happened yet. I think some folks might be losing confidence in how this is being managed. What other things need to be done or maybe are in place already? You know, are other hospitals as a result of what happened in this past week better prepared? Do so you that confidence? Are we just now at the beginning of a better buildup to prevent situations like this from happening because theoretically, even the hospital itself said they just had a meeting last week to go through an Ebola situation and then they were well prepared and it turns out they weren't.

BETH BELL: Thank you. I think in terms of your first question about the contacts. As we've been saying all along, we've cast a wide net, and we have decided on a group of people where, you know, we have a very low bar for deciding to follow patients. I think it's important to remember and recognize that we're not suggesting by this that all of these people that we have a great deal of concern about all of these people. Because the reality is that we have really a low level of concern about the vast majority of these patients. — excuse me, people that we're following. But contact tracing is the pivotal component for responding to Ebola cases, and we think that is prudent to continue to check in with these people during the 21-day incubation period so we know how we're doing. And we have an early warning is system and we're just being extremely cautious and careful. As I said, I think it's important to realize that this does not imply that we have a high level of concern about most of these people. With respect to the second question, we at CDC have been using many, many methods over many months to synthesize the medical community and make sure they understand the different components of how we need to be prepared to respond to the case of Ebola here in the United States. I think we have some evidence that our work has had some impact. We have sort of been in communication in over 100 situations with hospitals around the country who have identified patients where they have questions about whether that person might be appropriate for testing for Ebola. We have tested somewhere around the order of 15 or so people for Ebola. It's this kind of back and forth and open communication that really does demonstrate that in fact we have an impact, is it perfect, obvious not, we never can be perfect, we strive for perfection, but what we are continuing to do is double our efforts to further spread the word use it as a learning experience and continue to strengthen our preparedness for important Ebola cases.

MIRIAM FALCO: If I could follow up, though. Specifically what kind of contacts are we talking about and also, in this latest thing are the department of transportation connections that needed to be made as of yesterday. Are they made now or going to be in place? Is it going to be solved soon or take a while? It seems like a greater sense of urgency now.

BETH BELL: Okay, thank you so much. For the second question. It will be solved quite soon. The fact that it hasn't been solved right at this moment should not be taken to mean there's

some very large roadblock we can't overcome. We're confident it looks resolved. In terms of the first question, you know, as you said, we were talking with contacts in the community, contacts in the hospital, and in the health-care environment. That's where the contacts that we're talking about come from. Dr. Lakey, I don't know that we need to have say anything more specific about this, but if you would like to chime in.

DAVID LAKEY: I'll be happy. Again, that could mean what you said. That we have people in the community, then you have ambulance team, and then you have a — the hospital team when the person came in. And so it's throwing a broad net. Anyone who had potential contact with the patient — anyone that brought him to the hospital, anyone that has, you know the healthcare workers that directly see the individual on the first Friday when he came in, when he was in the emergency room. If anybody had, you know, was drawing blood or anyone was processing blood and, you know, and how they were using personal protective equipment. We throw a broad net out there so we don't make sure we miss anybody or do everything we can to make sure we don't miss any individual. That broad net, you know, identifying the 100 with the conversations. Is there anything that would put the individual at a potential risk and we've got it down to 50. But most of those are no concerned. It's the ones that are higher concern would be approximately ten individuals.

BARBARA REYNOLDS: Okay. Thank you. Next question, Kelly?

OPERATOR: Our next question comes from Maggie Dore from CBS news. Your line is open.

MAGGIE DORE: Thank you. Can you tell me if the patient being treated in Washington, D.C., at Howard university hospital is a confirmed Ebola case?

BETH BELL: No. The short answer is no, however, we are aware of this patient. We have been in contact with the hospital and the local public health authorities. We will be assisting in doing the appropriate evacuation and diagnostic test.

MAGGIE DORE: Since there have been several cases where people have been tested, 15, as you mentioned. Can you tell us anything about Howard university case whether it rises to a level where further investigation is warranted?

BETH BELL: Well, we don't know all the details yet, but, you know, we have an algorithm, a way for hospitals and health care providers and the public health team to think about whether it makes sense to do Ebola testing and what evaluation. This is where, you know, in this case all the information is being collected. What the person's travel history is, when they first became ill, the symptoms, and whether they have any other underlying medical conditions. All of these things. There are issues about what are some of the other conditions that can cause the symptoms we're talking about here. Things like malaria, or other kinds of conditions that can cause very similar medical presentation. These are all the kinds of factors that we consider along with the public health people and providers when we're deciding about whether to do Ebola testing or not.

BARBARA REYNOLDS: Thank you. Next question, Kelly.

OPERATOR: Thank you. Our next question comes from John Roberts with FOX News. Your

line open.

JOHN ROBERTS: Thanks. Going back to events over the last few days, you know, we hear public pronouncements from the CDC and public health officials in the state of Texas day in and day out about how we have it under control. We can contain it don't worry. When we take into account that the guy lied on the exit questionnaire and so many balls were dropped by the hospital on the way in. What can you say to people to make them confident that the public health protocols are in place that will keep this nation as safe as possible from somebody who comes into this country or preparing to leave West Africa infected with Ebola.

BETH BELL: First, I guess I'll say in terms of this particular situation, this particular indication. I think what you've been hearing is we have done a lot of meticulous work over a short period of time and we've identified any of the people who might have had any sort of potential exposure. We have a plan to follow them closely. I think that in a bigger picture kind of a way, that's really pretty clear and we have multiple layers in place to help reduce the possibility in the United States. Those layers involve actions that we take in the countries that are effective. They're actions we take in the course of travel, and there are actions we take here. And certainly when — there's some very simple things involving finding cases, isolating the person, doing contact tracing, and isolating the contacts as they develop symptoms which are, as i say, tried and true methods for containing Ebola. You know, I'll just mention CDC has been dealing with Ebola and Ebola outbreaks for over 40 years. We have quite a bit of experience about this. I think we have a reasonable sense it's about what it takes — that it really is a matter of direct contact. Something we've seen over and over again over the course of 40 years.

JOHN ROBERTS: Dr. Bell, I understand all of that. With respect in this particular case, all of those layers failed. From leaving Monrovia, Liberia to the first intake at the hospital. To try to find a contractor to clean up this apartment, to getting the proper permits for hazardous waste removal. Every step along the way has failed. How can you reassure the public you have it under control?

BETH BELL: Well, the case has been identified and the case is being dealt with appropriately. The contacts are being traced and followed appropriately. All the necessary steps are being followed.

BARBARA REYNOLDS: Thank you. Kelly, next question, please.

OPERATOR: Our next question comes from Denise Grady from the New York Times. Your line is open.

DENISE GRADY: Thank you. For the people that you have identified, the ten that you say are at high risk. I'm assuming that would include the family members who have been under quarantine, is there anything medically that could be done to help them in a way to sort of prepare them in case they do get sick. I realize there's no cure for the disease itself, but is there anything someone anticipating getting sick could do to maybe try to improve their chances of getting through it before the symptoms even set in.

BETH BELL: Thank you. Unfortunately, there really isn't anything that can be done to sort of

prevent Ebola from developing, if, in fact, infection has occurred. But, you know, I think there is a lot that can be done in terms of education of the folks that we're following, as you're saying, for example, the household contacts so they understand what are the symptoms they should be looking for in addition to fever. They also understand the importance of early medical attention. There really a lot of things that can be done with just basic supportive care that improve outcomes with Ebola. And so the sooner that a person who has symptoms that are consistent with Ebola gets medical care, the better. And so what we want to do is make sure that these people understand very clearly what are the symptoms they need to be looking for and exactly what they need to do should they develop them.

DENISE GRADY: Would they be in the same hospital?

BETH BELL: Dr. Lakey?

DAVID LAKEY: We've been in conversations with the hospital and contingency plans for any of the individuals if they become ill.

BARBARA REYNOLDS: Thank you. next question.

OPERATOR: Next question comes from Ana Campoy from Wall Street Journal. Your line is open.

ANA CAMPOY: Hi. I wanted to know are there any plans of taking the four individuals that have been ordered to stay at the apartment to another place, and why it took so long to get the apartment cleaned up.

CLAY LEWIS JENKINS: This is Clay Jenkins, the Dallas County Judge. I would like to see them moved to a place that includes their own washer and dryer and a different living arrangement than what they have now. We're working on that. We have no plans to announce on this call. Why did it take so long to clean it up? Even as we speak now, we don't have the permits in place to dispose of the soiled items. There's a hazmat team, if you look on your television, you'll see them out there. They're cleaning off the area. When I get off the call with you, I'll be changing into my homeland security gear and heading out that way to answer questions from people as our Dallas county crews under our, you know, under order move that material. Because I don't need a DOT permit to move material inside Dallas county to a secure location while we await those permits to move that to a permanent location and dispose of it properly.

While it's being stored in a site away from the urban population it will be in a sealed container and it will be guarded by law enforcement. I am, as I have said, I'm concerned for this family. I want to see this family as treated as I would want to see my own family treated if I were incapacitated in a hospital. I don't like there have been items in their home with them. I was in the home last night. The items are bagged in one bedroom with the door closed. The woman you have identified, who talked to a reporter on the phone is sleeping in the main room. The young men are in the other bedroom. That's all I have for you on that.

BARBARA REYNOLDS: Thank you. Kelly, next question.

OPERATOR: Thank you. Our next question comes from Kelly from — excuse me Bloomberg news. Your line is open.

REPORTER: Thank you. I was just wondering stepping back about the decision to keep those people in the apartment originally where the patient fell ill, and also, whether they're getting any psychological help. There's an enormous amount of tension and stress going on now for them.

CLAY LEWIS JENKINS: Yeah. There's enormous amount of tension and stress. There — they're understandably scared and it's being heightened by the media scrutiny. Even as I visited with them yesterday when I stood at the front door and knocked and visited unannounced with the media and about 9:00 at night the media, who is a block away lit their front door up in lights. It's very frightening, you know, as is waiting in those conditions to, you know, to be monitored. The CDC and the local Dallas county epi teams that are going over there have training and are talking to them about social matters, not just taking their temperatures. There are other providers that are helping through that. Again, I would like to see the setting be a different setting.

BARBARA REYNOLDS: Thank you. Kelly, next question, please.

OPERATOR: Thank you. Next question comes from Sabrina Gibbons from Cox radio, Atlanta.

SABRINA GIBBONS: I would like to ask Dr. Bell a question. Thank you for taking our calls today. We talked about earlier the case in Washington that was not confirmed today. We had a case here in Cobb county of someone who was stopped, pulled over, had a slight fever, was taken to the hospital to be checked out. I don't know if you heard about the case. You can say yes or no on that. And how long does it take once somebody has a fever and thinks they may have Ebola. Can you walk us through the process of testing and how long it takes. Is it locally done and sent to you? Can you give us a time frame on that?

BEHT BELL: Okay. Thank you. No, I don't know about the situation in Georgia that you mentioned. So in terms of the lab testing, yeah. We have a system in place now, you know, there are about 14 state public health laboratories around the country that have the capability to test for Ebola. This was not in place before the Ebola outbreak started in West Africa. It's been one of the things we've very rapidly put in place once we did develop this problem in West Africa so we had distributed capability around the country to test for Ebola. In addition, of course, we have capability here in the United States to sort of do regular testing and also to do more advanced and complicated confirmatory testing. Once a specimen is drawn, the patient comes to the medical provider they have a fever or other symptoms that are consistent with Ebola and their history and other information makes this possible. Once the laboratory test is — once the blood is obtained, we usually can get — we usually get a test result back within 24 hours. Once we have it in the laboratory it's very quick. It just takes a few hours. Between the time of the transport of the specimen to the laboratory. There's a relatively fast turn around. I would say within a day people have the results.

BARBARA REYNODS: Thank you. Kelly, next question, please.

OPERATOR: One moment, please. Thank you. Our next question comes from Geoff Brumfiel from National Public Radio. Your line is open.

GEOFF BRUMFIEL: Hi, there. I was wondering for you can give us a break down of the 50 individuals. How many are hospital workers, how many are community members, how many are EMTs, and, also, how do you know you're not missing anyone in this process?

BARBARA REYNOLDS: Dr. Lakey?

DAVID LAKEY: This is David Lakey. The last part of the question, how do you make sure? They're being very careful. You know, they take this extremely seriously. You throw out a very broad net. They interviewed the patient, interviewed wife, contacts, who had been in and out of the apartment. Who had contact with them to address the community side. You map the process for when the individual came to the hospital, all health care workers that had potential contact with him, and health care workers being very broad. It's not only the physician, triage, nurses, respiratory technicians. Anybody that contact with him. It goes on to the laboratory. Where the blood was processed, who potentially could have any exposure to the blood. And also, anybody that could potentially been in, you know, another patient — any individuals potentially any other individuals. Good news there weren't any other additional patient that had come to the hospital that were potentially in contact. A very broad, broad map. You know, for the ambulance, there's three individuals, and in the community, you know, like community hospital break down. I don't think we're ready to put that out yet. That total number after we talked to everybody it's 50 individuals and then of that is a very small — much smaller subset of ten individuals at a higher risk.

GEOFF BRUMFIEL: Can I press you on the hospital number. It seems important to me given the way he was managed in the ER to know how many workers may have been exposed by him coming in and released.

DAVID LAKEY: Sure. You know, I appreciate your pressing. I think these are the numbers we feel comfortable putting out right now, you know, of the 50 being followed in total and having that daily contact and 10 being the high risk.

BARBARA REYNOLDS: All right. Can we have one more question, please. Then we'll finish up with last remarks.

OPERATOR: Thank you. Our next question — our last question comes from Sherry Jacobson from Dallas Morning News. Your line is open.

SHERRY JACOBSON: Thank you very much. Since you said it was 24-hour turn around, it would seem on that blood test. Can you tell us why it seemed to take more than 48 hours for the particular test to be confirmed? I would like to know when the CDC actually learned that Dallas had a potential Ebola case, and then given the rapid tests and all that why it took so long for us to find out about it.

BETH BELL: Sorry, but there are — I'm not quite sure that I understand the point that you're making here. So could you maybe —

SHERRY JACOBSON: Yes. Well, our understanding was that the patient was put in isolation Sunday morning. Or so early Sunday until 3:30 p.m. on Tuesday, when it was confirmed to the public, I'm just wondering when the CDC got involved. Was it that Sunday morning? And when the CDC got the blood sample so you could begin testing it.

DAVID LAKEY: This is David Lakey from the state the of Texas. The individual came in on Sunday. There was concern about Ebola and there was conversations that were made in order that one, you know, all the risks really put him at risk of Ebola. Making sure that everyone was comfortable that he fit the criteria for testing. The epidemiologists were talking at the hospital in the local area and the state to make sure they felt comfortable that this was an individual that had enough risk that needed to be tested. Work was done on Monday to make sure that blood was transferred safely. The labs were ready, everyone was ready to do the tests. The blood arrived at our laboratory at approximately 9:00 a.m. on the Tuesday morning, and at the same time was transferred to the CDC and we had results back that afternoon. And there was an abundance of caution to make sure that the blood was transferred safely to both the CDC and the hospital — and the state laboratory that all the protocol were carefully followed to make sure that it was done appropriately.

SHERRY JACOBSON: So it would seem it was 24 hours before you got the blood and then another 24 hours until the test results came out?

DAVID LAKEY: The blood arrived at our laboratory in Austin at 9:00 in the morning. We had test results out by 1:20 that afternoon.

SHERRY JACOBSON: That would be Monday or Tuesday?

DAVID LAKEY: That was on Tuesday.

BETH BELL: And at CDC we, you know, we received the specimen Tuesday, received it on Tuesday and we had a team on an airplane and on the ground in Dallas, Texas by that evening.

CLAY JENKINS: This is Clay Jenkins. Our health department and the hospital called the CDC immediately on Sunday.

SHERRY JACOBSON: Okay.

BARBARA REYNOLDS: I would like to turn it over now for closing remarks.

BETH BELL: Thank you for joining us this afternoon. I think, you know, the bottom line here is that the best way to protect Americans and the rest of the world is to stop the Ebola outbreak in West Africa. That's what we've been working on extremely intensively over a period of months and continue to focus on. As we said before, it's unfortunately not outside the realm of possibility that we will have Ebola cases here in the United States. That's happened. We've taken the appropriate measures and over the next period of time we'll be monitoring these contacts very closely and continuing to work to sensitize health care providers and American public about what needs to be done to rapidly identify and deal potential Ebola cases here in the United States. Thanks, again.

BARBARA REYNOLDS: Thank you, doctor. This concludes today's briefing on the Ebola first case diagnosing. For reporters who have additional questions, they're welcome to call CDC at 404-639-3286. Thank you.

OPERATOR: Thank you, again, that concludes today's conference. You may disconnect at this time.

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES